

# Youth Sports Coach Concussion Awareness Consent Form

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This form must be reviewed and signed by all youth sports coaches prior to participation each season. The purpose is to ensure coaches are aware of and committed to following current concussion safety guidelines.

**Coach Name:**

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**Sport/Team:**

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**Season/Year:**

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## Concussion Awareness Statements

- ☐ I have reviewed information on the signs and symptoms of a concussion.
- ☐ I understand my responsibility to remove a player from play if a concussion is suspected.
- ☐ I will not allow any player suspected of a concussion to return to play until they have been cleared by a licensed healthcare provider.
- ☐ I will communicate with athletes and their parents/guardians about any suspected concussions.
- ☐ I will comply with league, state, and organization concussion policies.
- ☐ I understand the potential short-term and long-term consequences of a concussion.

## Coach Consent & Acknowledgment

I hereby acknowledge that I have read and understand the above information regarding concussions and agree to abide by guidelines and policies concerning concussion safety.

**Coach Signature:**

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**Date:**

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